PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number

Effective October 1, 2003												H 1:	
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			4				RAT	E	FEE	7	RATE	FEE	
FOR			NUMBER FILED		NUME	BER EXTRA	BASIC	FEE	385.00	OR	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS			H minus 20≈		*		X\$ 9	 9=		OR	X\$18=		
INDEPENDENT CLAIMS			Д minus 3 =		*		X43				X86= .	86	
Мι	JLTIPLE DEPE	VDENT CLAIM P	RESENT				-			OR		م ه	
* If	the difference	e in column 1 is	less than 74	enter	"0" in c	rolumn 2	+145			OR	+290=	0.50	
.,		TOT	AL.	L	OR	TOTAL	856						
	C	Column 1)	MENDED - PART II (Column 2)			(Column 3)	SMA	LL E	ENTITY	OR	OTHER SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIC PAID I	EST BER OUSLY	PRESENT EXTRA	RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		= .	X\$ 9)=		OR	X\$18=		
	Independent			<u> </u>		=	X43	=		OR	X86=		
L_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						+145	.=	,	OR	+290=		
								TAL		1 1	TOTAL ADDIT. FEE		
		(Column 1)		(Colun	nn 2)	(Column 3)	ADDIT. I	-66			ADDIT. I CE		
AMENDMENT B	·	CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIC PAID I	BER OUSLY	PRESENT EXTRA	RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=	X\$ 9	=		OR.	X\$18=		
	Independent	*	Minus	***	0. 444	=	X43	=		OR	X86=		
<u>_</u>	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						+145	=		OR	+290=		
								TAL		OR	TOTAL ADDIT, FEE	,	
(Column 1) (Column 2) (Column 3)													
ž ŀ		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER USLY	PRESENT EXTRA	RATI	= .	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=	* X\$ 9	-		OR	X\$18=		
	Independent	*	Minus	***		= .	X43=	_		Ì	X86=		
<u>'</u>	FIRST PRESE	NTATION OF ML	LTIPLE DEP	ENDENT	CLAIM			\dashv		OR			
* If the entry in column 1 is less than the entry is column 2 write "0" in column 2								=		OR	+290=		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."													
		her Previously Pain					found in the	ann	ropriate box	in coli	ımn 1	·	